



ANNUAL REPORT

2021



Nyanza Reproductive Health Society,
Lumumba Sub-County Hospital Compound,
Off Ondiek Highway
P.O Box 1764- 40100, KISUMU
Tel: +254 57 2023903/ 57 2024065
Mobile: +254 713 113275/ 733 912605/ 739 672 814
Email: info@nrhskenya.org
Website: www.nrhskenya.org

Table of Contents

Abbreviations.....	2
NRHS Family.....	3
Our Vision.....	5
Our Mission.....	5
Our Core Values	5
From the NRHS Board	6
From the NRHS Director.....	7
Acknowledgements.....	8
Year in Numbers.....	9
HIV Prevention	10
Voluntary Male Medical Circumcision (VMMC) Programme.....	10
Sexually Transmitted Infections (STI) Diagnosis and Treatment	11
HIV Testing Services	11
Social Activities	11
ARV related HIV Prevention	12
Peer Education and Commodities.....	12
HIV Care and Treatment	13
Research Projects.....	14
Tatu Pamoja	14
Shauriana	14
URCHOICE	15
DANCE	15
FAST.....	15
Utawakuki	15
Cups and Community Health (CaChe)	16
CHLOE-SED – 2	16
Policy and Advocacy.....	17
Networking and Collaborations	17
Administrative Activities	19
Other Activities	19

Abbreviations

1. AMCE: Anza Mapema Centre of Excellence
2. CDC: U.S. Centres for Disease Control and Prevention
3. CT: Chlamydia Trachomatis
4. EIMC: Early Infant Male Circumcision
5. GBMSM: Gay and Bisexual Men who have Sex with Men
6. GBV: Gender Based Violence
7. GCP: Good Clinical Practice
8. GP: General Population
9. HIV: Human Immunodeficiency Virus
10. HSP: Protection of Human Subjects Research
11. HTS: HIV Testing Services
12. IAVI: International AIDS Vaccines Initiative
13. KWTRP: KEMRI Wellcome Trust Research Programme
14. LGBTIQ: Lesbians, Gay, Bisexual, Transgender, Intersex and Queer
15. MSD: Merck Sharpe and Dohme
16. NASCOP: National AIDS and STI Control Program
17. NG: Neisseria Gonorrhoeae
18. NIH: U.S. National Institutes of Health
19. NRHS: Nyanza Reproductive Health Society
20. PEP: HIV Post Exposure Prophylaxis
21. PEPFAR: President's Emergency Program for AIDS Relief
22. PHDP: Positive Health, Dignity, and Prevention
23. PIRH: Partners in Reproductive Health
24. PNS: Partner Notification Services
25. PrEP: HIV Pre Exposure Prophylaxis
26. SNS: Social Network Strategy
27. SOP: Standard Operating Procedures
28. SSP: Study Specific Procedures
29. TG: Transgender
30. UIC: University of Illinois at Chicago
31. UNIM: universities of Nairobi, Illinois, and Manitoba
32. URTC: UNIM Research and Training Centre
33. USAID: U.S. Agency for International Development
34. UW: University of Washington
35. VMMC: Voluntary Medical Male Circumcision
36. WHO: World Health Organization

NRHS Family



Who We Are

The Nyanza Reproductive Health Society (NRHS) is a Kenyan non-profit organization established in 2002 and is registered as a Society under the Societies Act, Laws of Kenya. NRHS was initiated when the universities of Nairobi, Illinois, and Manitoba (UNIM) began the randomized controlled trial to ascertain if male circumcision reduces the incidence of HIV acquisition in heterosexual men. NRHS has a strong track record and experience in research and in translating research findings into policies and programs. NRHS has been a lead institution in conducting research on sexual and reproductive health and HIV prevention. It has been a leader in the implementation of Voluntary Medical Male Circumcision (VMMC) in Kenya, providing technical assistance to the Ministries of Health and the National AIDS and STI Control Program (NASCOP) and other Kenyan governmental agencies, as well as the World Health Organization (WHO) and other international agencies.

Over the past 20 years, NRHS has mainly implemented its programs and research in Kisumu, Homa Bay, Siaya, Kisii, Busia, and Kakamega with additional outreach in areas such as Nairobi, Kilifi, Turkana counties. NRHS has its main office in Kisumu City. The organization is led by a Board of 6 high-profile individuals and currently has about 50 members of staff who operate primarily from its head office in Kisumu City. The organization receives funding from a variety of sources, including the U.S. National Institutes of Health, the U.S. Centers for Disease Control (CDC), the Bill and Melinda Gates Foundation, U.S. Agency for International Development (USAID), FHI 360, the Population Council, the UHA Foundation, and John Snow International. NRHS is headed by a Director, Dr Fredrick Otieno, who oversees the 3 main sections namely, Programmes, Research and Administration. NRHS implements PEPFAR programmes mainly in HIV prevention, care and treatment under the programmes arm and carries out various research projects mainly in reproductive health, sexually transmitted infections, men's health, adolescent health and HIV prevention, care and treatment. The Administration section

provides support to the programmes and research arms through finance, procurement, HR, Stores, Transport and IT.

NRHS runs the UNIM Research and Training Centre (URTC), a 782 square metre state of the art facility which was the site of the VMMC randomised controlled trial in Kisumu and is the site for many of its studies. URTC is located within the Lumumba sub County Hospital in Kisumu and has:

- 42m² fully equipped laboratory with safety hood, centrifuges, incubators, nitrogen tanks, Gene X-Pert, Elisa processor, freezers and all the necessary facilities to process and store specimen for its current studies
- 4 Clinical and 3 counselling rooms each together with a clinical trial pharmacy with temperature monitoring as well as stock control
- 2 VMMC operation theatres as well as a post-operative recovery room
- Records, Data and IT management rooms as well as a conference hall
- Administrative offices for the director, accounting, stores, HR and procurement
- Other support services including a central sterile supplies department, laundry, coordination and community A centralised sterile supplies department 8.75 square metres able to clean and sterilise surgical and medical instruments.
- A Laundry 5 square metres for laundering medical linen and garments
- A community engagement office 14 square metres
- 2 coordination offices each measuring 15.75 square metres
- A reception area measuring 49.5 square metres with a wide airy open design allowing for ease of interaction as well as infotainment.
- In addition, there are basic amenities including 3 toilets and 1 kitchen and a standby auto generator power back up



NRHS also operates the Anza Mapema Centre of Excellence (AMCE) that sits on a beautiful half acre compound within Tom Mboya estate offering safety and tranquillity of residential house as well as a state of art facility for research and programming into Lesbians, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) issues. The facility includes:

- 2 Clinical and 3 counselling rooms each together with a clinical trial pharmacy with temperature monitoring as well as stock control

- Records and Data management rooms
- Administrative offices for coordination and community engagement
- Outdoor space for community activities
- Community shamba for support groups income generating activities

All research staff are trained in Good Clinical Practice (GCP) and Protection of Human Subjects Research (HSP) at minimum. Relevant staff undergo annual Standard Operating Procedures (SOP) training as well as Study Specific Procedures (SSP) training prior to the beginning of any research studies and as frequently as is required thereafter.

Our Vision

NRHS envisions a world where individuals and communities are healthy and have the highest possible quality of life

Our Mission

NRHS promotes health and quality of life of individuals and communities in Kenya through research, evidence-based programming, advocacy and capacity building.

Our Core Values

1. Community participation
 - NRHS builds trust and ownership by communities on its research and programs.
 - NRHS involves communities to identify and prioritize their needs, and to design, implement, evaluate and improve research and programs.
2. Professionalism
 - NRHS is committed to undertaking its operations in an ethical and professional manner.
 - NRHS is committed to professional development through mentorship, training and continuous learning and improvement.
3. Commitment to Evidence
 - NRHS conducts innovative and cutting-edge research that addresses the needs of communities.
 - NRHS translates research findings to inform policy development and implementation of innovative programs.
4. Integrity
 - NRHS is committed to ethical principles, transparency and accountability in all its operations.
5. Non-discrimination
 - NRHS is an equal opportunity employer committed to providing and maintaining a respectful work environment free of discrimination.
 - NRHS values diversity promotes respect for all and operates without any form of discrimination.

From the NRHS Board



Prof Collins Ouma

Board Chair
NRHS Kenya

In the year 2021, NRHS has not only been a leader in service provision and research, it has led the way in translation of research findings to policy with several publications and policy documents which have informed practice in the sector. We have seen this year providing us with more eye-opening research findings as well as far reaching services reaching over eight thousand individuals with different services in programmes and research.

In the same year we also distributed over one hundred thousand different commodities ranging from condoms, water-based lubricants and HIV self-test kits. In the period, and at the height of the COVID-19 pandemic, NRHS was able

to drive advocacy and accountability agenda for primary health care in Kenya aimed at ensuring access to essential health services with a particular focus on sexual and Reproductive Health and Rights services and advocacy for increased investments to strengthen the primary health care systems.

Additionally, NRHS staff participated in several scientific meetings and conferences, as well as technical working groups meetings to review various program implementation aspects as participate in the development of policy and program guidelines. the year had staff fluctuations with the available staff delivering over our expectations to ensure NRHS continues to be a leader in this sector. Since work and no play makes Jack a dull boy, the staff held a two-day retreat in December at Barracuda Resort in Homabay. The staff also commenced work on the 2021 – 2025 strategic plan which will set the pace for NRHS in the next 5 years.

From the NRHS Director

NRHS continued with its operations in this second year of COVID-19 response in Kenya with mixed fortunes. With the several disruptions seen in all sectors of life especially the health sector in this year, our staff had to be innovative on the way we delivered our health programmes and research activities. This innovation ensured that we not only maintained low seroconversion levels amongst our HIV negative population, but also enabled us to have very minimal loss to follow up amongst our HIV positive population. The year also saw our STI incidence rise mostly due to stockouts of condoms and lubricants in several months of the year. We were able to continue offering our much-needed services of HIV prevention, HIV Care and Treatment, STI screening and management, research activities, policy and advocacy activities as well as our administrative support activities.

Our staff were at the forefront in not only complying with the COVID-19 regulations, but also in providing logistical, technical and medical support to the county government of Kisumu as well as our beneficiaries and volunteers in the mitigation of COVID-19 in the region. We were able to start four new research studies and continue with another four of which two ended in the year. Despite the hard-economic times in the year, our income rose as well as our expenditure due to new grants which enabled us to deliver more especially in this critical year. As we step into 2022 our mission of promoting health and quality of life of individuals and communities in Kenya through research, evidence-based programming, advocacy and capacity building will continue to be our driving agenda in order for us to implement our core values and achieve our vision.



Dr Fredrick Otieno
Director
NRHS Kenya

Acknowledgements

The NRHS family takes this opportunity to recognize the Board of Directors, Management, staff, volunteers and students for their zealous commitment and dedication to ensure that they not only delivered on our expectations, but in several occasions, went over and beyond their mandate to deliver on their tasks.

We also recognize our beneficiaries, participants in our studies, our community advisory boards, stakeholder groups, peer educators, service providers and community service organisations that we have worked with in this year to deliver on our mandate. And finally, without our donors and development partners below, we would have not realised our achievements in this year and thus we say a big thank you to the listed below:

1. Centre for International Health Education and Biosecurity Kenya
2. County Government of Kisumu
3. Grand Challenges Canada
4. International AIDS Vaccines Initiative
5. Kevin Kaine
6. Laboratoire Innotech International
7. Lumumba Sub County Hospital
8. LVCT Health
9. Merck, Sharpe and Dohme
10. PRISM the Gift Fund
11. University of Illinois at Chicago
12. University of Washington
13. US Centers for Disease Control and Prevention
14. US Department of Defense
15. US National Institutes of Health
16. ViiV Healthcare

Year in Numbers

8,052	Individuals reached with different services
408	Circumcisions done
2,231	STI screenings and management done
2,815	HIV Tests done
6,160	Peer education contacts made
124	Persons put on PrEP and PEP
73,097	Condoms distributed
35,048	Water-based lubricants distributed
2,297	Individuals reached with GBV services
54	Patient on HIV treatment
98%	Viral load suppression
8	Research studies

NRHS divides its activities by those that are primarily programmatic (Programs) and those that are primarily research (Research). However, NRHS is committed to contributing to improving the health and quality of life of Kenyans through focusing on a continuum that begins with sound research to generate evidence that forms the basis for policy and advocacy that is translated to effective action in the form of programs. In this sense, it is not the intention of NRHS to compartmentalize its activities, but rather to emphasize the integration and synthetic nature of its activities. Nevertheless, below we present our activities and accomplishments achieved during the calendar year 2021.

HIV Prevention



In the year we continued to offer HIV prevention services to both the general population as well as key populations through our minimum package of service, which includes regular HIV testing; VMMC; health education; provision of condoms, PEP and PrEP; screening & treatment of Sexually Transmitted Infections (STI) and cervical cancer. HIV prevention was offered at URTC for general population as well as AMCE and outreaches for Key population. With COVID-19 still affecting our clients, we continued being innovative in the provision of services to these communities. In the duration we reached out to 1,263 general population as well as 844 Gay and Bisexual Men who have Sex with Men (GBMSM) and 12 Transgender (TG).

Voluntary Male Medical Circumcision (VMMC) Programme

Continuing on its footsteps as a one of the foremost providers of comprehensive VMMC services since the onset of the national scale-up of VMMC that started in 2008, provision of the VMMC services by NRHS continued through the year of 2021 despite NRHS having not been funded to provide this service

for PEPFAR. This has mostly been due to its reputation in the community as the premier VMMC provider, 'with many men coming as "walk-ins" for VMMC services, and many parents bringing their young adolescent sons for the services, especially around the time of school holidays. Additionally, NRHS continued offering Early Infant Male Circumcision (EIMC) to the community.

A total of 408 males were circumcised during the calendar year. Of these, 130 were aged 10-49 years and 278 were infants. Remarkably, many of the parents who bring their babies to NRHS for EIMC are those who had a previous son circumcised there, or the father of the baby was circumcised by NRHS. VMMC services were offered as a minimum package as per the national VMMC guidelines. HIV Testing Services (HTS) were offered as an integral component of services offered under the VMMC minimum package. Clients seeking VMMC services were also screened for STIs and syndromic treatment administered as per the Kenyan guidelines for STI treatment, in addition to condom provision as part of the minimum package of VMMC services.

Sexually Transmitted Infections (STI) Diagnosis and Treatment

As part of its Partners in Reproductive Health (PIRH) programme, NRHS continues offering screening, diagnosis and treatment of STIs both as a syndromic approach and an aetiological approach. These are offered on a walk-in basis to any client who cares to seek services. During 2021, NRHS screened and tested 2,231 patients for STIs. Of these, 282 (12.6%) were provided with treatment following a positive result. Laid over this service is an active gonococcal resistance surveillance with sampling and testing of urethral swab specimen for all males with urethral discharge. The testing involved disc diffusion as well as E Tests.

HIV Testing Services

Riding on the *Anza Mapema* programme for Key Population and the PIRH programme for general population, we used a mix of different modalities to offer HIV testing and counselling. These modalities included fixed site testing both at AMCE and URTC as well as outreaches which included targeted, Social Network Strategy (SNS) and Partner Notification Services (PNS). Using all these strategies, we were able to provide 2,601 tests with a further 214 being offered HIV self-test kits. Our HIV positivity was 0.07% with 100% being linked to our HIV treatment programme. Our highest positivity was amongst the PNS strategy that elicited all our positives.

Social Activities

As part of the *Anza Mapema* programme, we continued offering the time-tested social activities that were studied and validated in the *Anza Mapema* study. These included social events such as Movie Mondays, Therapy Tuesdays, Coffee Wednesdays, Therapy Thursdays, Cultural Fridays and St Sebastian Sundays. These social activities promoted topical discussions on issues affecting LGBTIQ communities (Movie Mondays), provided group therapy for those who have been tested for HIV (Therapy Tuesdays), promoted reduction in alcohol and substance use (Coffee Wednesdays), support groups for those testing HIV positive (Therapy Thursdays) provided an avenue for LGBTIQ to express their artistical sides (Cultural Fridays) and spiritual nourishment (St Sebastian Sundays). In the year we have 131 clients attending Therapy Tuesdays, 209 attending coffee Wednesday, and 121 attending Therapy Thursday. We also continued maintaining our vegetable garden within AMCE where our clients continued vegetable farming

ARV related HIV Prevention

Within the *Anza Mapema* programme, we are continuing to offer HIV Pre Exposure Prophylaxis (PrEP) with 97 GBMSM and TG and 6 general population having been initiated on PrEP in the year with 766 GBMSM/TG and 3 General Population (GP) having been on PrEP at the end of the year. PrEP has been seasonal with many clients getting on and off PrEP as per their need. Additionally, we offered HIV Post Exposure Prophylaxis (PEP) for our clients including those referred as a result of sexual violence. We issued a total of 21 PEP doses in the year.

Peer Education and Commodities

Anza Mapema programme has 13 peer educators, 5 *washikaji* (treatment buddies) and 2 outreach workers with whom we work to deliver community HIV prevention activities. In this year we were able to make 6,160 peer education contacts with our participants during which we provided peer education and commodity supply. A total of 73,097 condoms and 35,048 water-based lubricants. Additionally, they provided continuous risk-based peer counselling with referrals for the participants as appropriate. Also provided was Gender Based Violence (GBV) screening and referrals for all our participants. These screened for sexual violence as well as physical and emotional violence. We provided screening for 2,297 cases of GBV and 390 individuals who screened GBV positive were offered health services and other violence prevention interventions including psychosocial support and linkage to medico-legal services.

HIV Care and Treatment



NRHS continued offering HIV care and treatments services at AMCE with a client base of 48 GBMSM and TG as well as 6 GP females accessing services. In the year there were 6 new patients enrolled and 8 exiting the programme either by transfer outs (6), deaths (1) and loss to follow up (1). During the period, we were able to achieve an average viral suppression of 98% with the highest viral suppression seen amongst the general population at 100%. We provided management of opportunistic infections among HIV positive clients as well as Positive Health, Dignity, and Prevention (PHDP) interventions to all our HIV positive clients.

Research Projects



In this year NRHS was able to implement a total of 8 research studies with 5 observational and 3 clinical trials. Of these research studies 4 were new studies beginning and 4 were continuing. A further 2 ended in this year.

Tatu Pamoja

This is a demonstration study to assess HIV-1 incidence and retention among HIV-negative men who have sex with men and transgender women in Kisumu, Nairobi, and Kilifi. The study is funded by the International AIDS Vaccines Initiative (IAVI) through KEMRI Wellcome Trust Research Programme (KWTRP) and the NRHS arm is run within AMCE as the participants are coming from the *Anza Mapema* programme. Enrolment was completed with We are in year 2 of the project and are continuing with follow ups. The study screened 931 (351 by NRHS) GBMSM and TG of whom 851 (301 by NRHS) were enrolled. Retention was 78% overall with NRHS having 83% retention. There were 22 (3%) seroconverters with NRHS having 3 (1%) seroconverters. Of the participants in follow up, 93 (18%) had any STI with those at NRHS with an STI being 37 (19%). STI by location ranged from rectal CT/NG being 7%, Urethral CT/NG being 13% and Oropharyngeal CT/NG being 3%.

Shauriana

This is a Randomized Controlled Trial of the *Shauriana* Intervention to Integrate PrEP, Sexual Health, and Mental Health Support for Gay, Bisexual, and Other Men Who Have Sex with Men in Kenya and is funded by U.S. National Institutes of Health (NIH) through University of Washington (UW). It is also run within AMCE as the participants are coming from the LGBTIQ community. We completed the pilot

phase of the study with the anticipated 10 participants and used this data fine tune the *Shauriana* intervention which was used in the Randomised Controlled Trial phase. In this phase we screened 80 and enrolled 60 participants and completed Moths 1 and 3 of follow up achieving 85% and 86% retention respectively. Month 6 follow up have not yet started.

URCHOICE

This is a Cross-sectional Study of End User Preferences for HIV Prevention among Men Who Have Sex with Men in Nairobi, Kilifi and Kisumu funded by Merck Sharpe and Dohme (MSD). Between March 24, 2021 and August 19, 2021, 464 participants attended 25 information sessions as part of phase 1 of the study. Of those, 444 agreed to be interviewed; 21 could not be recontacted with 423 being interviewed - 141 from each of the three sites (Kisumu, Nairobi, Coast). Median age was 24 (IQR: 21-27), 59.3% identified as gay; 28.4% bisexual and 11.1% TW, 32.6% unemployed with 28.8% being employed with salary. Almost half (48.5%) reported having three or more sex partners in the last three months; 71% reported receptive anal sex with a man in the last three months; 13.7% reported participating in group sex (sex with more than one person at the same time) and 58.6% identified as sex workers. Half (51.1%) of the participants reported a condom was used by their partner the last time they engaged in receptive anal sex. One third (31%) reported currently taking daily oral PrEP and 9.7% were using gender affirming therapies. The study found out that daily PrEP has faced numerous challenges with its success being very limited. New products for prevention are critically needed to halt the HIV epidemic and our results reflect strong preference among GBMSM and TG for longer-acting alternatives. Monthly pills and quarterly injections were approximately equally preferred; however, yearly implants were also preferable among 25%. Importantly, no one product was highly preferred over all others. Thus, to achieve the rates of PrEP uptake and adherence necessary for protecting large proportions of vulnerable GBMSM and TG, a variety of long-acting products should be developed and made accessible to appeal to a diversity of preferences.

DANCE

This is an Open-Label, Single Arm Study to Evaluate the Week 48 Efficacy and Safety of a Two-Drug Regimen of Dolutegravir/Lamivudine (DTG/3TC) as a Fixed Dose Combination (FDC), in Antiretroviral Therapy (ART)-Naïve HIV-1-Infected Adolescents, ≥12 To <18 Years of Age who Weigh at Least 25 Kg. It is a multi-site, multi country study run by ViiV Healthcare and managed by PPDi. We enrolled 7 participants making us the highest enrolling site and the second highest enrolling country.

FAST

This is an industry study on the Assessment of the eEfficacy, the Onset-of-Action and the Safety of Tot'héma® in adults with moderate iron deficiency anaemia. It is funded by Laboratoire Innotech International and is to be carried out in 15 – 20 sites in Europe and Kenya with each region enrolling 135 participants. Follow up will be for 84 days post enrolment. We started enrolments in September 2021 and out of Europe (France and Bulgaria) with 8 sites and 2 years of work and 23 participants, we are the only site in Africa out of 4 that have any participants. We currently have 8 participants enrolled with a target of 55.

Utawakuki

This is a United States Department of Defense (DOD) funded study through University of Illinois at Chicago (UIC) integrating molecular and microbiologic surveillance for antimicrobial resistant N.

gonorrhoea for more effective containment in Kisumu, Kenya. We completed enrolment and specimen processing is ongoing. 154 symptomatic men were enrolled with overall, 117 (76.0%) showing Gram negative diplococci morphologically resembling NG, while 112 (72.7%) were culture positive for NG; 2 (1.3%) did not grow on sub culture, with 110 (71.4%) tested for antimicrobial susceptibility using disk diffusion. Of the samples, 92 (59.7%) were confirmed using E-test with 18 (11.7%) yet to be confirmed. Disk diffusion showed antibiotic resistance to be 100% for Tetracycline, 92.4% for Ciprofloxacin and 2.2% for Azithromycin. Intermediate resistance was seen in 1.1% for Ceftriaxone, 7.6% for ciprofloxacin and 2.2% for cefixime. For the same specimen on E-test, resistance was reported in 94.6% for Tetracycline, 4.3% for Gentamicin, 75% for Ciprofloxacin and 4.4% for Azithromycin. Intermediate resistance was reported in 4.3% for Tetracycline, 87% for Gentamicin, 19.5% for Ciprofloxacin and 5.4% for Azithromycin. The findings indicate a threat to the current recommendations for dual syndromic treatment of urethritis (caused by either NG or CT) with cephalosporins (cefixime or ceftriaxone) plus macrolides (azithromycin) in developing countries, including Kenya. These results predominantly call for expanded surveillance of antimicrobial resistance in developing countries, where syndromic STI management is practiced.

Cups and Community Health (CaChE)

This is a cluster randomised controlled trial of Menstrual cups and cash transfer to reduce sexual and reproductive harm and school dropout in adolescent schoolgirls in western Kenya. This project is funded by NIH through the University of Illinois at Chicago. Among 440 schoolgirls aged 14-25 years, we will study the effects of menstrual cup use on the vaginal microbiome (VMB) and whether this leads to reduced BV and STIs, and how menstrual cup use effects the adolescent VMB over time. This study is nested within a cluster randomized controlled trial involving over 4,000 schoolgirls in Siaya County, Kenya, to evaluate menstrual cup impact on school dropout, HIV, and HSV-2. The project began in December, 2017 and is still ongoing.

CHLOE-SED – 2

This is a study on the validation of a reusable, low-cost syringe extension device for the provision of paracervical analgesia during gynaecologic procedures. Following the completion of the original VARCS study which demonstrated a non-inferiority of the Syringe Extension Device (SED) compared to standard of care spinal needles, we received funding from Grand Challenges Canada for a continuation study of the same with safety as an additional end point. This study is a single-blinded randomized controlled non- inferiority trial comparing paracervical block administered with the experimental syringe extension device to paracervical block administered with the standard spinal needle. This study involves a single study visit for each enrolled patient and 10 study visits (i.e 10 study patients) for each enrolled provider. Four focused group discussions (FGD) each enrolling eight Kenyan women, are being conducted to elicit feedback on women's preferences and experiences regarding pain control during MVA. Two FGDs, each enrolling eight Kenyan MVA providers, are being conducted to elicit feedback on paracervical block performance and the device design. The study population includes women's health providers who perform MVA and patients requiring MVA at study sites and will continue until 210 patients and 21 providers have been enrolled. Enrolments are ongoing.

Policy and Advocacy



WACI Health

In the height of the COVID-19 pandemic, we received funding from WACI Health to conduct an Advocacy for PHC project with a focus on PHC advocacy and accountability in Kenya aimed at ensuring access to essential health services in the current COVID-19 Pandemic crisis. This project had a particular focus on sexual and Reproductive Health and Rights (SRHR) services and advocacy for increased investments to strengthen the primary health care system in Mombasa, Siaya and Kajiado. Following the situation analysis, we were able to come up with policy recommendations and advocacy points aimed at the counties to push for strengthening SRHR services.

Networking and Collaborations

NRHS, as has been the trend in the past, participated in several scientific meetings and conferences, as well as technical working groups meetings to review various program implementation aspects as participate in the development of policy and program guidelines. NRHS participated in the following National and Kisumu County Ministry of Health Technical Working Groups:

1. NASCOP Technical Working Group for Key and Vulnerable Populations
2. NASCOP Technical Working Group on Sexually Transmitted Infections
3. NASCOP Technical Working Group on Harm Reductions
4. NASCOP Key Population Size Estimates
5. NASCOP VMMC Centre of Excellence Working Group

Additionally NRHS assumed the Chairmanship of the MSM Health Research Consortium which encompasses groups doing MSM research within Kenya (<http://mhrcons.org/about-us/>).

Administrative Activities

The number of full-time salaried staff working under NRHS fluctuated during the year between 43 and 56. In addition, locums and other temporary employees worked on various projects for varying periods of time from one day up to 3 months. These totalled as many as 12 at any one time. Fluctuations in staff are a product of projects ending and others beginning. NRHS does everything it can to maintain staff continuity and to optimize their welfare. All salaried staff receive 10% pension and are covered by health insurance for themselves and up to three dependents. We held a two-day retreat for staff from 21st to 23rd December 2021 at Barracuda Resort in Homabay. The team commenced work on the 2021 – 2025 strategic plan.

We maintained unqualified audit reports for the 2020 institutional audit conducted in the financial year. In the financial year ended 31st December 2021, the total expenditure was KES 76,013,516.39 which was financed by income of KES 98,063,049.37. Of the income, KES 93,330,973.70 was from grants while KES 4,732,075.67 was from other income while of the expenses KES 41,530,281.38 was staff costs, KES 30,631,771.92 was programme costs and KES 3,851,463.09 was indirect costs.

Other Activities

NRHS continued its membership with HENNET, the National Health Organizations Network, stimulating linkages between the Ministry of Health, Private Sector and Health organizations. NRHS is also a member of the Federation of Kenya Employers. As indicated above, it also continued its active participation in the MSM Health Research Consortium, as well as all its involvements with NASCOP, the MOH and County and regional entities. We also continued in supporting the MoH and County Government of Kisumu in the COVID-19 response specifically within Lumumba Sub County Hospital as well as with coordination activities and handwashing facilities.